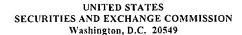
1366850

FORM D



### FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Signet Minerals Inc.  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment	INOCEOCES
A. BASIC IDENTIFICATION DATA	JUN 2 2 2006
1. Enter the information requested about the issuer	1 cm : > 1 cm : 2 cm :
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  SIGNET MINERALS INC.	<b>JFINANCIAL</b>
Address of Executive Offices (Number and Street, City, State, Zip Code) 1963 Comox Avenue, Comox, British Columbia V9M 3M4 Canada	Telephone Number (Including Area Code) 250-890-0607
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	A
Junior mining - exploration and development	WASH
Type of Business Organization    Corporation   limited partnership, already formed   other (p   business trust   limited partnership, to be formed	lease specify) O O O O O O O O O O O O O O O O O O O
Month Year  Actual or Estimated Date of Incorporation or Organization: (a.5 (a.5) Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	nated SECTION

#### GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

W

### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Z Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Downes, Kieran M.J. Business or Residence Address (Number and Street, City, State, Zip Code) 282 Castle Way, Nanaimo, BC V9T 1L4 Canada Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Cebryk, Brian Business or Residence Address (Number and Street, City, State, Zip Code) 2394 Cooper Place, Courtney, BC V9J 1L8 Canada Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Velhat, Richard Business or Residence Address (Number and Street, City, State, Zip Code) 615, 815 - 1st Street SW, Calgary, AB T2P 1NE Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Kusmirski, Richard T. Business or Residence Address (Number and Street, City, State, Zip Code) 235 Huron Court, Saskatoon, SK S7K 4E9 Canada Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. II	NFORMAT	ION ABOU	T OFFERI	NG -				
1.	Has the	issuer solo	l, or does th									Yes	No <b>X</b>
2.	What is	the minim	um investm			Appendix		-				\$ N/A	
												Yes	No
3.			permit joint										X
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	(ip Code)						
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	************	******************	**************	*************		*************	☐ All	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)				·					
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)	<del></del>				·	
Nai	me of Ass	sociated Br	oker or Dea	alcr	***************************************			***************************************					
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	••••••			•	***************		☐ All	States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated Bi	oker or De	aler						<del></del>			
Sta	tes in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		1.50				
	(Check	"All States	or check	individual	States)	• • • • • • • • • • • • • • • • • • • •		•••••••		••••		☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	c 1		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt			
	Equity .440,000 Units plus 220,000 warrants*	\$_348,590.00	\$	348,590.00
	Convertible Securities (including warrants)	\$	_ \$	· · · · · · · · · · · · · · · · · · ·
	Partnership Interests	\$		
	Other (Specify)	\$	_ \$	
	Total	\$ 348,590.00	\$	348,590.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Aggregate Dollar Amount of Purchases
	Accredited Investors	1		s 348,590.00
	Non-accredited Investors		_	\$ 0.00
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		_	<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		-	\$
	Regulation A		-	\$
	Rule 504		_	\$
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		_ \$	S
	Printing and Engraving Costs		] \$	S
	Legal Fees			3,000.00
	Accounting Fees	_	_ ]	3
	Engineering Fees	F	 	3
	Sales Commissions (specify finders' fees separately)	_	_ 7	
	Other Expenses (identify) Blue Sky Filing Fee		- 7) \$	250.00
	Total		_	3,250.00

<sup>\*</sup>Each unit consists of one common share plus one-half of a common share purchase warrant. Each whole warrant entitles the subscriber to purchase one additional common share at a purchase price of approximately \$0.68 per share for 18 months.

C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF PR	ROCEEDS	
b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C — of proceeds to the issuer."			\$345,340.00
5. Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees		] \$	
Purchase of real estate		] \$	<u></u> \$
Purchase, rental or leasing and installation of mach	ninery	]\$	s
Construction or leasing of plant buildings and faci	lities	]\$	\$
Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	<b>7</b> \$	□\$
Repayment of indebtedness	_	-	
Working capital		- ] \$	<b>✓</b> \$ 345,340.00
Other (specify):			
		] \$	s
Column Totals		] \$	<b>✓</b> \$ 345,340.00
Total Payments Listed (column totals added)			5,340.00
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furn the information furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange Commiss	ion, upon writte	
Issuer (Print or Type)	Signature D	ate /	
SIGNET MINERALS INC.	1 J	une 6,200	6
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
Brian Cebryk	CFO & Director		

# — ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATU	RE							
1,	ls any party described in 17 CFR 230.262 provisions of such rule?		,	Yes No						
1	S	ee Appendix, Column 5, for s	ate response.							
2.	. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the limited Offering Exemption (ULOE) of the of this exemption has the burden of establishments.	state in which this notice is fi	led and understands that the issuer cla							
	er has read this notification and knows the conthorized person.	ntents to be true and has duly ca	used this notice to be signed on its beh	nalf by the undersigned						
	Print or Type)	Signature	Date							
	T MINERALS INC.	XX	June (), 20	006						
Name (	Print or Type)	Title (Print or Type)								

CFO & Director

#### Instruction:

Brian Cebryk

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AI	PENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		×		0	\$0.00	0	\$0.00		×
AK		×		0	\$0.00	0	\$0.00		×
AZ		×		0	\$0.00	0	\$0.00		×
AR		×		0	\$0.00	0	\$0.00		×
CA		×		0	\$0.00	0	\$0.00		×
со		×		0	\$0.00	0	\$0.00		×
СТ		×		0	\$0.00	0	\$0.00		×
DE		×		0	\$0.00	0	\$0.00		×
DC	<u> </u>	×		0	\$0.00	0	\$0.00		×
FL		×		0	\$0.00	0	\$0.00		×
GA		×	440,000 common shares/\$348 590	1	\$348,590.00	0	\$0.00		×
HI		×			\$0.00	0	\$0.00		×
ID	· · · · · · · · · · · · · · · · · · ·	×		0	\$0.00	0	\$0.00		×
IL		×		0	\$0.00	0	\$0.00		×
IN		×		0	\$0.00	0	\$0.00		×
IA		×		0	\$0.00	0	\$0.00		×
KS		×		0	\$0.00	0	\$0.00		×
KY		×		0	\$0.00	0	\$0.00		×
LA		×		0	\$0.00	0	\$0.00		×
МЕ		×		0	\$0.00	0	\$0.00		×
MD		×		0	\$0.00	0	\$0.00		×
MA		×		0	\$0.00	0	\$0.00		×
MI		×		0	\$0.00	0	\$0.00		×
MN		×		0	\$0.00	0	\$0.00		×
MS		×		0	\$0.00	0	\$0.00		×

#### APPENDIX 2 3 1 4 5 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach Type of investor and to non-accredited offering price explanation of offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount **Investors** Amount Yes No \$0.00 0 \$0.00 MO × 0 x 0 MT × 0 \$0.00 \$0.00 x 0 NE × 0 \$0.00 \$0.00 X NV X 0 0 \$0.00 \$0.00 × 0 NH \$0.00 0 \$0.00 x x NJ 0 0 × \$0.00 \$0.00 X 0 \$0.00 NM × \$0.00 0 × 0 × 0 \$0.00 NY \$0.00 × 0 0 \$0.00 NC \$0.00 × × 0 0 × \$0.00 \$0.00 ND × 0 \$0.00 0 \$0.00 × ОН × 0 ΟK × 0 \$0.00 \$0.00 × × 0 OR 0 \$0.00 \$0.00 × 0 \$0.00 PA × 0 \$0.00 × RI × 0 \$0.00 0 \$0.00 × × 0 \$0.00 0 SC \$0.00 × 0 SD \$0.00 0 \$0.00 × × TN × 0 \$0.00 0 \$0.00 × TX0 \$0.00 0 × \$0.00 x 0 UT 0 \$0.00 \$0.00 × × VT 0 × \$0.00 0 \$0.00 × VA0 0 × \$0.00 \$0.00 × 0 \$0.00 0 WA \$0.00 × × WV × 0 \$0.00 0 \$0.00 × 0 WI 0 \$0.00 \$0.00 × ×

. 4	APPENDIX										
1	1 2 3  Type of security and aggregate			4				5 Disqualification under State ULOE (if yes, attach			
	investor	ccredited s in State -Item 1)	offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
WY		×		0	\$0.00	0	\$0.00		×		
PR		×		0	\$0.00	0	\$0.00		×		